

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	UT	69607	5/21/00
O.I.P.E. CLASSIFIER		69918	5/19/00
FORMALITY REVIEW	CH		7/5/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral) ... Canceled                      A ..... Appeal  
 + ..... Restricted                      O ..... Objected

Best Available Copy

APPLICATION  
09/557

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Form PTO-43  
(Rev. 8/99)

Claim	Final	Original	Date
1	✓	✓	10/19/00
2	✓	✓	3/7/03
3	✓	✓	12/10/03
4	✓	✓	6/5/04
5	✓	✓	
6	✓	✓	
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If more than 150 claims or 10 actions  
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